

**PATENT APPLICATION TRANSMITTAL**

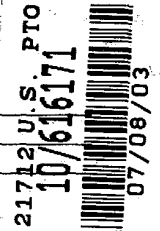
DELAND LAW OFFICE  
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**MAIL STOP PATENT APPLICATION**  
**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**



**29863**  
PATENT TRADEMARK OFFICE

Atty. Docket No. SIC-03-001  
"Express Mail" Label No. EU 919561381 US  
Date of Deposit July 8, 2003



I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By Elizabeth J. Deland

Commissioner:

Transmitted herewith for filing is the ☒ patent application,  
☐ continuation, ☐ divisional, ☐ continuation-in-part  
patent application of prior application No. \_\_\_\_\_

Inventor(s): TADASHI ICHIDA and KAZUHIRO FUJII

For: SHIFT ASSIST APPARATUS FOR A BICYCLE TRANSMISSION

Enclosed are:

- ☒ 17 pages of specification, 9 pages of claims, and 1 page of abstract.  
☒ 29 sheet(s) of ☒ formal ☐ informal drawing(s).  
☒ A ☐ signed ☒ unsigned Declaration & Power of Attorney.  
☐ A ☐ signed ☐ unsigned Declaration, ☐ newly executed or ☐ copy from a prior application (37 CFR 1.63(d)).  
☐ Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application, 37 CFR 1.63(d)(2) and 1.33(b).  
☐ A Power of Attorney by Assignee with Certificate Under 37 C.F.R. Section 3.73(b).  
☐ A Preliminary Amendment.  
☐ Please cancel claim(s) \_\_\_\_\_.  
☐ A certified copy of the following priority document(s): \_\_\_\_\_  
☐ Information Disclosure Statement under 37 CFR 1.97 with copies of cited references.  
☒ Return Receipt Postcard (MPEP 503)  
☐ Incorporation By Reference: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

The filing fee has been calculated as shown below:

**Fee Calculation**

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	36-20=	16
INDEP CLAIMS	4-3=	1
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY			OTHER THAN A SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
	\$375	OR		\$750
x9=		OR	16x18=	\$288
x42=	\$	OR	1x84=	\$84
+140=	\$	OR	+280=	\$
TOTAL	\$	OR	TOTAL	\$1,122

\*If the difference in Col. 1 is less than zero,  
enter "0" in Col. 2

☒ A check for \$ 1,122 is enclosed.  
Two copies of this sheet are enclosed.

Respectfully submitted,  
DELAND LAW OFFICE

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James A. Deland  
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